**Formulário para elaboração do Laudo Técnico Pericial com vista à concessão dos adicionais de Insalubridade/Periculosidade**

|  |  |
| --- | --- |
| **NOME:** | |
| **SIAPE:** | **CARGO:** |
| **LOTAÇÃO:** | **FONE:** |
| **e-mail:** | |

**[ ] Insalubridade [ ] Periculosidade**

Legendas: \*R-Rotineiramente, V-Às vezes, RR-Raramente \*\*D-Diariamente, S-Semanalmente, M-Mensalmente

**I – Declaração do Servidor**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Descrição das Reais Atividades**  **(Mês e Ano de início)** | **Frequência de Execução\*** | | | **Local ou Setor onde desenvolve as atividades** | **Tempo em horas das Atividades\*\*** | | | |
| **R** | **V** | **RR** |  | **Quant. Horas** | ***Frequência*** | | |
| **D** | **S** | **M** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

1. - CARGA HORÁRIA SEMANAL DE TRABALHO (SE PROFESSOR):

Nomes das Disciplinas: Quantidade Carga da Disciplina

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Turma Horas por turma

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Turma Horas por turma

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Turmas Horas por turma

III – ATIVIDADES EM AMBIENTES INTERNOS

Sala de Aula Oficina Hospital

Laboratórios Barcos Outros

NOMEAR OS AMBIENTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IV – ATIVIDADES EM AMBIENTES EXTERNOS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Céu aberto |  | Casa de Vegetação |  | Estábulo |  | Lavouras |
|  | Embarcações |  | Açudes |  | Matas |  | Viveiros |
|  | Estuários |  | Rios |  | Mar aberto |  | Outros |

NOMEAR OS AMBIENTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Nos ambientes apresentados em II e em III, o desenvolvimento do seu trabalho, ocorre em contato habitual e permanente com os agentes agressivos abaixo relacionados

RESPONDA: Sim Não

“A” – Agente Biológico

“B” – Agente Químico

“C” – Agente Físico

“D” – Agente Ergonômico

“A” – AGENTE BIOLÓGICO, Descrever se no seu trabalho diário há contato com agentes biológicos nocivos, animais ou vegetais, materiais contaminados provenientes dos mesmos (sangue, fluidos, secreção, fezes, urinas, fungos, bactérias, vírus..) bem como contato com ferramentas ou utensílios.



“B” – AGENTES QUÍMICOS: Descreva seu trabalho diário (Resumo)





Nomes das substancias químicas utilizadas, nome comercial – composição:



Características Tóxicas das substancias Químicas Citadas:





“C” – AGENTE FISÍCOS: Descrever seu trabalho diário(Resumo)





 ELETRICIDADE

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RUÍDO IMPACTO CONTÍNUO

UMIDADE

DESCONFORTO TÉRMICO CALOR FRIO

ILUMINAÇÃO INADEQUADA

nnn VENTILAÇÃO INADEQUADA

RADIAÇÕES IONIZANTES NÃO IONIZANTES

OUTROS

“D” – AGENTES ERGONÔMICOS:

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|  |  |  |
| --- | --- | --- |
|  | SIM | NÃO |
| MOVIMENTOS REPETITIVOS |  |  |
| POSTURA INADEQUADAS |  |  |
| MOBILIÁRIO INADEQUADO |  |  |
| OUTROS |  |  |

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1. O contato com as condições, agentes, substâncias, etc, se dá de forma:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DIRETA |  | INDIRETA |  | PERMANENTE |  | EVENTUAL |  | MANUAL |  | PÔR ASPIRAÇÃO |  |

VII – Equipamento de Proteção Coletiva(E.P.C.)

EXISTE: ( ) SIM ( ) NÃO

DESCREVA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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VIII – Equipamento de Proteção individual(E.P.I) de seu uso:

EXISTE: ( ) SIM ( ) NÃO

DESCREVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IX – Medidas Administrativas (M.A)

EXISTE: ( ) SIM ( ) NÃO

DESCREVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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X – Na inexistência do uso do EPC, EPI e MA, sugira medidas de proteção para a melhoria de seu posto de trabalho.

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**ATENÇÃO**: As informações acima são responsabilidade do requerente. Serão validadas pela

Chefia Imediata e Diretor, como co-responsáveis, de acordo com:

**Decreto nº 97.458/89** – Art. 9º -Incorrem em responsabilidade administrativa civil e penal os peritos e dirigentes que concederem ou autorizarem o pagamento dos adicionais em desacordo com o Decreto.

**Lei 8.112/90** – Art. 68º - §2º - O Direito ao Adicional de Insalubridade ou Periculosidade cessa com a eliminação das condições de riscos que deram causa a sua concessão.

**Orientação Normativa/SEGEP/MPOG - nº 04, de 14/02/2017.**

Data: \_\_\_\_/\_\_\_\_/\_\_\_\_\_. Requerente: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declaro que as informações acima são verdadeiras.

De acordo:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chefia Imediata Diretor